

08-10-01

08/09/01

11058 U.S. PTO

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Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	Total Pages
	First Named Inventor or Application Identifier	
	Dexian Dou and Jiajiu Shaw	
Express Mail Label No.		ET401301303 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patent Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 15] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____	
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
12. <input type="checkbox"/> Preliminary Amendment	
13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application. Statement(s) <input type="checkbox"/> Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other: _____	

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
NAME	Jiajiu Shaw				
ADDRESS	3166 Shamrock Ct.				
CITY	Ann Arbor	STATE	MI	ZIP CODE	48105
COUNTRY	USA	TELEPHONE	(734) 973-8129	FAX	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)
395**Complete if Known**

Application Number

Filing Date

August 9, 2001

First Named Inventor

Dexian Dou

Examiner Name

Group Art Unit

Attorney Docket No.

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
NumberDeposit
Account
Name☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Utility filing fee

101 710 201 355 108 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

355

SUBTOTAL (1) (\$)
355**2. EXTRA CLAIM FEES**

Total Claims	12	-20** =		X		=	
Independent Claims	1	-3** =		X		=	
Multiple Dependent						=	

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$) Fee Description

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims
over original patent110 18 210 9 ** Reissue claims in excess of 20
and over original patent

SUBTOTAL (2)

(\$)
0

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**Large
EntitySmall
EntityFee
CodeFee
(\$)Fee
CodeFee
(\$)

Fee Description

Fee Paid

105 130 205 65

Surcharge - late filing fee or oath

127 50 227 25

Surcharge - late provisional filing fee or
cover sheet

139 130 139 130

Non-English specification

147 2,520 147 2,520

For filing a request for *ex parte* reexamination

112 920* 112 920*

Requesting publication of SIR prior to
Examiner action

113 1,840* 113 1,840*

Requesting publication of SIR after
Examiner action

115 110 215 55

Extension for reply within first month

116 390 216 195

Extension for reply within second month

117 890 217 445

Extension for reply within third month

118 1,390 218 695

Extension for reply within fourth month

128 1,890 228 945

Extension for reply within fifth month

119 310 219 155

Notice of Appeal

120 310 220 155

Filing a brief in support of an appeal

121 270 221 135

Request for oral hearing

138 1,510 138 1,510

Petition to institute a public use proceeding

140 110 240 55

Petition to revive - unavoidable

141 1,240 241 620

Petition to revive - unintentional

142 1,240 242 620

Utility issue fee (or reissue)

143 440 243 220

Design issue fee

144 600 244 300

Plant issue fee

122 130 122 130

Petitions to the Commissioner

123 50 123 50

Processing fee under 37 CFR 1.17(q)

126 180 126 180

Submission of Information Disclosure Stmt

581 40 581 40

Recording each patent assignment per
property (times number of properties)

146 710 246 355

Filing a submission after final rejection
(37 CFR § 1.129(a))

149 710 249 355

For each additional invention to be
examined (37 CFR § 1.129(b))

179 710 279 355

Request for Continued Examination (RCE)

169 900 169 900

Request for expedited examination
of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
40**SUBMITTED BY**

Name (Print/Type)

Jiajiu Shaw (joint inventor)

Registration No.
(Attorney/Agent)

Complete (if applicable)

Telephone

(734) 973-8129

Signature

Jiajiu Shaw

Date

8/8/01

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be included on this form. Provide credit card information and authorization on PTO-2038.Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Utility Patent Application

Title: ANTI-ANGIOGENIC PEPTIDES FOR CANCER TREATMENT

First Inventor: Dexian Dou

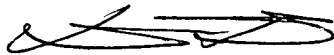
Joint Inventor: Jiajiu Shaw

Certificate of Mailing by Express Mail

The following items are being deposited with the United States Postal Office Service "Express Mail Post Office to Addressee" service, Express Mail No: ET401301303US under 37 CFR Section 1.10 on the date indicated below and are addressed to the Assistant Commissioner for Patents, Washington, DC 20231:

1. Patent Application Transmittal
2. Fee Transmittal
3. Drawing sheets (6)
4. Specification, Claims, and Abstracts
5. Declaration signed August 8, 2001
6. Small Business Declaration (2 small entities as assignees)
7. Information Disclosure Statement (with references attached)
8. Recordation Form with Assignment
9. A check of \$395
10. Acknowledgment card

First Inventors:

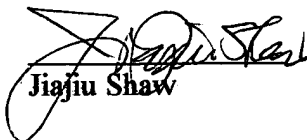


Dexian Dou

8/9/01

Date

Joint Inventor:



Jiajiu Shaw

8/9/01

Date

09927006 080901